U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

, v	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name FRANK T ZENICH	Name UNITE HERE LOCAL 19
	Labor Organization File Number 507-551
P.O. Box, Bldg., Room No., if any POBOX406	P.O. Box, Building and Room Number, if any
Street	Street 1415 Koll Circle #105
City SANTA MARIA	City SAN 265E
State CALIF ZIP Code +4 93456	State
. Position in labor organization.	
. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
. Name and address of Employer (Including trade name, if any).	r.a. Nature of fine est, fransaction, of income.
Name	
Experimental control of the company of the control	
Name Trade Name, if any:	
Transmission of the contract o	
Trade Name, if any:	7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	7.b. Amount.
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	7.b. Amount.
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4	NA
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code + 4  Si  15. Signature and verification. The undersigned declares, under penalty	Signature  of Perjury and other applicable penalties of the law, that all of the information parties and the state of the law in the information provided by the company of the law in the

Name of Person Filing FRANI	C T. ZENICH	File Number U-
B. Held an interest in or derived income or substantial part of which consists of buying of an employer whose employees your lab (2) any part of which consists of buying frodealing with your labor organization or with	g from, selling or leasing to, or other or organization represents or is act or or selling or leasing directly or in-	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including Name SOUTH BAY HER!		9. Business deals with:
Trade Name, if any:		a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any PO Street	Box 34203	c. Employer
City SEATLE		
State WA	ZIP Code + 4 98124-1203	
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.
Trade Name, if any:		TRUSTEE
P.O. Box, Bldg., Room No., if any	The state of the s	
Street	*****	11.b. Approximate dollar value of such dealing.
City	.a	12.a. Nature of interest held or income received.
State	ZIP Code + 4	Reimbursed expenses For meeting altendance
		12.b. Amount. \$ 367 5
C. Received from any employer (other or from any labor relations consultant to ar	than an employer covered unde employer any payment of money	r parts A and B above) or other thing of value.
13.a. Name and address of Employer or Lab	or Relations Consultant	14.a. Nature of payment.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:	of Miles account		
riade Name, ii asiy.			
P.O. Box, Bldg., Room No., if any			
Street			
City	•		
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

Name of Person Filing FRAN	KT.	ZENICH		File Number U-	
B. Held an interest in or derived income of substantial part of which consists of buying an employer whose employees your late.  (2) any part of which consists of buying from the dealing with your labor organization or wi	ng from, selling o bor organization om or selling or l	r leasing to, or other represents or is acti leasing directly or inc	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	S	
8. Name and address of Business (including	ng trade name, if	any).	9. Business deals with:		
Name SOUTH BAY HER	E TRV	ST FUNDS			-
Trade Name, if any:			a. Labor Organiza	tion	
P.O. Box, Bldg., Room No., if any	0 Box 3	4203	b. Trust		
Street			c. Employer		
City SEATLE					
State WA	ZIP Code + 4	98124-1203			
10. If 9.b. or 9.c. is checked give trust or e	mployer's name.		11.a. Nature of such dealin	ng.	
Name ;					
Trade Name, if any:	V.M		TRUST	EE	
P.O. Box, Bidg., Room No., if any		٠.			
Street					
City			<ul><li>11.b. Approximate dollar value</li><li>12.a. Nature of interest held</li></ul>	<del></del>	
State	ZIP Code + 4			. —	
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			12.b. Amount.		465899
C. Received from any employer (other or from any labor relations consultant to a	er than an empl in employer any	oyer covered under payment of money of	parts A and B above) or other thing of value.		
13 a. Name and address of Employer or La (including trade name, if any).	bor Relations Co	nsultant	14.a. Nature of payment.		
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State	ZIP Code + 4				
13.b. Is the Business an Employer	or Consultan	nt : 7	14.b, Amount of payment.		

lame of Person Filing	FRANK	Т.	ZENICH
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File Number U-

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name SOUTH BAY HETZE TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any POBOX 34203  Street  City SEATLE  State WA ZIP Code + 4 98124-1203	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street  City  State  ZIP Code + 4	TRUSTEE  11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  Reim bursed expenses  For meeting altendance
	12.b. Amount. \$398 90
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

Street

City

State

Name -	of Person	Filing
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FRANK T. ZENICH

File Number U-

B. Held an interest in or derived income or economic benefit with mone substantial part of which consists of buying from, selling or leasing to, of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing direct dealing with your labor organization or with a trust in which your labor or	or otherwise dealing with the business r is actively seeking to represent, or by or indirectly to, or otherwise
Trade Name, if any:  P.O. Box, Bldg., Room No., if any $POBO \times 34203$ Street  City $SEATLE$ State $WA$ ZIP Code + 4 98124 -	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	11.a. Nature of such dealing.  TRUSTEE  11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.  Reim bursed expenses  For meeting attendance  AIR FARE  12.b. Amount.
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of n	d under parts A and B above) noney or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	14.a. Nature of payment.
Street City State ZIP Code + 4	
	14.b. Amount of payment

13.b. Is the Business an Employer

or Consultant :

Name of	Person	Filing
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FRANK T. ZENICH

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name SOUTH BAY HETZE TRUST FUNDS Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any POBOX 34203	b. Trust c. Employer
Street City SEATILE	
State WA ZIP Code + 4 98124-1203	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	TRUSTEE
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City ,	12.a. Nature of interest held or income received.
State 71D Code A 4	0. 1. 1
State ZIP Code + 4	neimbursed expenses
State ZIP Code + 4 ·	Reimbursed expenses For meeting attendance
State ZIP Code + 4 *	For meeting attendance
State ZIP Code + 4 *	For meeting attendance  12.b. Amount. \$451.05
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount. \$45,05
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$45.65
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. \$45.05  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. \$45.05  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	12.b. Amount. \$45.05  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:	12.b. Amount. \$\\\ \frac{45}{65}\$  r parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	12.b. Amount. \$45.05  r parts A and B above) or other thing of value.

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

Name of Person Filing	FRANK	Τ.	ZENICH	File Number U-
B. Held an interest in or d	erived income or eco	nomic ber	efit with monetary value from	a business (1) a

B. Held an interest in or derived income or substantial part of which consists of buying of an employer whose employees your lab (2) any part of which consists of buying fro dealing with your labor organization or with	g from, selling or leasing to, or other or organization represents or is acti m or selling or leasing directly or inc	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including	trade name, if any).	Business deals with:	
Name SOUTH BAY HERE	E TRUST FUNDS		
Trade Name, if any:		a. Labor Organization	
•	7 7.000	b. Trust	
P.O. Box, Bldg., Room No., if any PO	DOX 34203	c. Employer	
Street			
City SEATTLE			
State WA	ZIP Code + 4 98124-1203		
10. If 9.b. or 9.c. is checked give trust or en	nployer's name.	11.a. Nature of such dealing.	
Name			
Trade Name, if any:	to ex-	TRUSTEE	
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P.O. Box, Bldg., Room No., if any	er en		
Street		11.b. Approximate dollar value of such dealing.	:
City (		12.a. Nature of interest held or income received	<b>J</b> .
State	ZIP Code + 4	Reimbursed expe	nses
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		12.b. Amount.	\$1.000=
C. Received from any employer (other or from any labor relations consultant to an	than an employer covered unde	or parts A and B above)	
13.a. Name and address of Employer or Lab		14.a. Nature of payment.	
(including trade name, if any).	or relations correction	an control	To the second se
Name			
Trade Name, if any:	-		
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant : ?	14.b. Amount of payment.	

Name of Person Filling FRANK T. ZENICH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or feasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any),	9. Business deals with:
Name SOUTH BAY HERE TRUST FUNDS  Trade Name, if any:  P.O. Box, Bldg., Room No., if any POBox 34203  Street	a. Labor Organization b. Trust c. Employer
City SEATLE  State WA ZIP Code + 4 98124-1203	
State WA ZIP Code + 4 98124 - 1203	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name [	
Trade Name, if any:	TRUSTEE
P.O. Box, Bldg., Room No., if any Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	• • • •
	Reimbursed expenses For meeting attendance

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13 a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	7	14.b. Amount of payment.

12.b. Amount.

\$2,250=

Name of Person Filing FRAM	UK T. ZENICH	File Number U-	
B. Held an interest in or derived income substantial part of which consists of but of an employer whose employees your (2) any part of which consists of buying dealing with your labor organization or	lying from, selling or leasing to, or other labor organization represents or is act g from or selling or leasing directly or in	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (inclu	ding trade name, if any).	9. Business deals with:	_
Name, SOUTH BAY HET	RE TRUST FUNDS	a. Labor Organization	
Trade Name, if any:  P.O. Box, Bldg., Room No., if any	7030× 34903	b Trust	
Street		c. Employer	
City SEATLE			
State WA	ZIP Code + 4 98124-1203		
10. If 9.b. or 9.c. is checked give trust o	r employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any:	· Marine	TRUSTEE	
P.O. Box, Bldg., Room No., if any	ere same s		
Street	The second secon	11.b. Approximate dollar value of such dealing.	
City	u i Mantina	12.a. Nature of interest held or income received.	
State	ZIP Code + 4	Reinbursed expenses	
		for meeting altendan	ee
	- Add Array	12.b. Amount.	500
C. Received from any employer (of or from any labor relations consultant to	ther than an employer covered unde o an employer any payment of money	r parts A and B above) or other thing of value.	-
<ol> <li>Name and address of Employer or I (including trade name, if any).</li> </ol>	Labor Relations Consultant	14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
State	ZIP Code + 4		
40		14.b. Amount of payment.	

13.b. Is the Business an Employer

or Consultant

lame of Person Filing	FRANK	T	ZENICH

File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name SOUTH BAY HERE TRUST FUNDS		
Trade Name, if any:	✓ a. Labor Organization	
P.O. Box, Bldg., Room No., if any POBOX 34203	b. Trust	
Street	c. Employer	
City SEATLE		
State WA ZIP Code + 4 98124-1203		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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City City	Approximate dollar value of such dealing.      Nature of interest held or income received.	
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	Reimbursed expenses For meeting attendance	
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	12.b. Amount. \$ 100 33	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name <sup>f</sup>		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant ii

?

Street

City

State

Name of Person Filing FRANK T. ZENICH	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).  Name SOUTH BAY HERE TRUST FUNDS  Trade Name, if any.  P.O. Box, Bldg., Room No., if any POBOX 34203  Street  City SEATLE	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer	
State WA ZIP Code + 4 98124-1203		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name (	TRUSTEE	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received.  Reim bursed expenses  For meeting attendance	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or I (including trade name, if any).	abor Relations Consultant	14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.

12.b. Amount.